PTOREMA (12.04)
Approved for use Grough TR 1/2005, ONED 0651-0012
U.S., Petern and Trademark Office; U.S., DEPARTMENT OF COMMERCE
to a colocion of Information unders. It displays a valid ONED control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									709/h	959
APPLICATION AS FILED - PART ( (Cotumn 1) (Cotumn 2)						SMALL E	NTITY	OR	OTHER SMALL	
FOR NUMBER FELED			NUMBER EXTRA		RATE (1)	FEE (1)	•	RATE (1)	5555	
BASIC I	EE .	. N/A		· . N/A		NA		] . [.	HWA .	263
GEARCH FEE		NA		NVA		NVA			HVA C	40
PT CFR 1.16(1, 17). or (111)  EXAMINATION FEE  (3) CFR 1.16(4). (0). or (0))		N/A .		NA		N/A		] [	R/A	100
TOTAL	CLAIMS .	minus 20.		1.		х +		on	х. •	
HOETEHOENT CLAIMS		minus 3 =		1.		χ	•		χ . +	
APPLICATION SIZE sheets of the \$250 (\$ additional additional and the same and the same additional a			aper, the 25 for sm Ø eticols	d drawings exc application size all entity) for ex or fraction ther i) and 37 CFR	steedue sdi eol. Soo				:	
MULTIPLE DEPENDENT CLAM PRESENT (37 CFR 1.16(3))								4 1	HA.	AMA
* If the difference in column 1 is less than zero, order "0" in column 2.  ** APPLICATION AS AMENDED - PART II  ** OR OTHER THAN SMALL ENTITY  OR SMALL ENTITY										
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST COSCILIA						T	7	RATE (\$)	ADDI-
\ <u>\</u>	- 1	REMAINING AFTER MENDMENT		NUMBER PREVIOUSLY .PAD FOR	PRESENT	RATE (\$)	ADDI- TIONAL FEE (1)	1/	10112 (4)	LEE (2)
ENDMENT	Total .	/3	Manus	20		х =		OR	x	
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1 >1	Application State Fee (3) CATA (10/4)						-	-		
15	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) CFR 1.16(0)							OR	TATOT	
		: '				ADD'L FEE	. <b>y</b>	OR	YOD, L LEE	1
		(Column 1)		(Column 2)	(Column 3)		<del></del>	_		1
18		CLAIMS REIMAINING AFTER AMENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONA FEE (S	١ ا	RATE (\$)	FEE (S)
MENT	Total (27 CFR 1.16(#)	•	White		=	×	=	OR	×	· 基·
ENDM	Independent err ern L1400		talnus '	•••	<u>                                     </u>	<u>×</u>		OR	<u>*</u>	-
₩ W	Application Size Fee (37 CITE 1.10/31).					· HUA		OR	IVA	
	FIRST PRESENTATION OF MINTIPLE DEPENDENT CLAIM (DZ CER 1.160)								TOTAL	
		•	1,	•		TOTAL ADD'L FE	c	OF	ADDLFE	E
	• It this entry in ∞	turno 1 le lose th	ian the enti	y in column 2, w	ritic "O" in column	n 3. D. enter "20".			*. !:	

"If the entry in column 1 is loss than the entry in column 2, write V in column 3.
"If the Tilghest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".
"If the Tilghest Number Previously Paid For IN THIS SPACE is less than 30, enter "3".
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